

10/069459

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. **10/069459** FILING DATE

APPLICANT

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				61					
2							62					
3	2		2				63					
4	2		2				64					
5	2		2				65					
6	2		2				66					
7	2		2				67					
8	2		2				68					
9	2		2				69					
10	2		2				70					
11	1		1				71					
12	1		1				72					
13	2		2				73					
14	2		2				74					
15	1		2				75					
16			2				76					
17							77					
18							78					
19							79					
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29							89					
30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND.					
42							TOTAL DEP.					
43							TOTAL CLAIMS					
44							10	2	1	1	1	1
45							11	16	22	22	22	22
46							12					
47							13					
48							14					
49							15					
50							16					
51							17					
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92							58					
93							59					
94							60					
95							61					
96							62					
97							63					
98							64					
99							65					
100							66					
TOTAL IND.							67					
TOTAL DEP.							68					
TOTAL CLAIMS							69					
10	2		2				70					
11	16		22				71					
12							72					
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14							74					
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26							86					